

PTO/SB/21 (09-04) *FW***TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

**41**

Application Number

10/715,665

Filing Date

November 17, 2003

First Named Inventor

SELBY

Art Unit

1648

Examiner Name

Z. Lucas

Attorney Docket Number

PP001635.0007 (2300-01635.10)

**ENCLOSURES (Check all that apply)****Fee Transmittal Form (duplicate)****Fee Attached (\$550 check)****Amendment/Reply (36 pages)**

After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Reply to Missing Parts/ Incomplete Application



Reply to Missing Parts under 37 CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a Provisional Application



Power of Attorney, Revocation Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_



Landscape Table on CD



After Allowance Communication to TC



Appeal Communication to Board of Appeals and Interferences



Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter

**Other Enclosure(s) (please identify below):**

Return Receipt Postcard

(1 page)

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Robins &amp; Pasternak LLP

Signature

*Jenny Buchbinder*

Printed name

Jenny Buchbinder

Date

October 31, 2005

Reg. No.

48,588

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

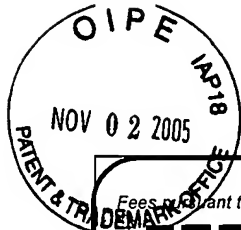
*Anne Currier Carr*

Typed or printed name

Anne Currier Carr

Date

October 31, 2005



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 550**Complete if Known**

Application Number	10/715,665
Filing Date	November 17, 2003
First Named Inventor	SELBY
Examiner Name	Z. Lucas
Art Unit	1648
Attorney Docket No.	PP001635.0007 (2300-1635.10)

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 18-1648 Deposit Account Name: Robins & Pasternak LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
23	-20 or HP = 3	x 50	= 150			

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
5	-3 or HP = 2	x 200	= 400

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/ 50 =	(round up to a whole number) x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	48,588	Telephone	(650) 493-3400
Name (Print/Type)	Jenny Buchbinder	Date	October 31, 2005		



USSN: 10/715,665  
Atty. Dkt. No.: PP001635.0007  
2300-1635.10

**PATENT**

**CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8**

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Oct. 31, 2005  
Date

James C. Curran  
Signature

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

SELBY

Serial No.: 10/715,665

Filing Date: November 17, 2003

Title: HBV/HCV VIRUS-LIKE PARTICLE

Examiner: Z. Lucas

Group Art Unit: 1648

Confirmation No.: 5235

**RESPONSE TO OFFICE ACTION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

Sir:

This paper is responsive to the Office Action dated July 29, 2005, for which a response is initially due on or before October 29, 2005. Accordingly, this response is timely filed. Applicants request reconsideration of the above-referenced patent application in view of the following amendments and remarks.

**Amendments to the specification** begin on page 2 of this paper.

**Amendments to the claims** begin on page 3 of this paper.

**Remarks** begin on page 8 of this paper.

11/03/2005 JBALINAN 00000023 10715665

01 FC:1201  
02 FC:1202

400.00 OP  
150.00 OP